

PROBLEM FAMILIES*

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Mr. PAUL S. CADBURY

TWENTY-FIVE maladjusted families have been cared for at Crowley House and Lee Crescent in Birmingham during the past two years. At Crowley, mothers and younger children are cared for. At Lee Crescent there are five flats in which whole families are living. A warden and her assistant occupy a sixth flat. This is a very small sample and it is of no importance statistically. Nevertheless, as there are only a handful of organizations doing work of this sort the experience gained may be of some importance. Of considerably more value will be an enquiry which the Joseph Rowntree Trust are undertaking into the results at all the homes for maladjusted families, Brentwood, Mayflower, Spofforth Hall, Crowley, etc.

Crowley House and Lee Crescent are owned by the Trustees of the Middlemore Homes. The Middlemore Homes were started over eighty years ago as an emigration home for deprived children. Crowley was an orphanage for poor girls. These two old Birmingham charities which were amalgamated about ten years ago have secured the agreement of the Charity Commissioners and the Ministry of Education to change the nature of their work. In the past this was concerned with the care of deprived children. They are now concerned with the care of children within the family unit.

It is recognized that the best place in which to help maladjusted families is in their own homes on the lines carried out by the Family Service Units. The cases coming to Crowley are not amenable to this type of treatment. They fall into two main categories:

1. Health cases referred by the Medical Officer of Health where a physical build up is considered to be necessary.

2. Probation cases where residence at Crowley is the alternative to being sent to prison for child neglect.

This work is experimental and some failures are inevitable. Nevertheless, if the causes of failure are carefully measured, a failure may be as important in building knowledge as a success.

The following points of importance have emerged during the two years in which this work has been carried on:

1. At Crowley the accommodation was designed to receive mothers and their younger children. It was very soon clear that an effort would have to be made to maintain the family unit intact and to secure the father's interest. In practically every case the father now stays at Crowley over the weekend and, where possible, children over five are accommodated for short periods. The accommodation at Lee Crescent was designed for whole family units.

2. In a good many cases there is a history of maladjustment going back for one or two generations. Frequently too there is a reference to low mentality in one or both of the parents. It would seem that one generation creates a pattern of maladjustment for the next. In looking through the case histories, the word "illegitimacy" occurs seven times, either referring to one of the parents or to one or more of the children in the family unit. Surprisingly, there are few references to broken homes. On the contrary, the affection of husband and wife and parental affection are referred to as occurring in nearly every case, even when there has been a court case for cruelty. The cruelty seems to arise not because the parents do

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not love their children but because they have reached a situation in which they cannot cope with the ordinary day to day problems of family life.

3. Ill health is very often mentioned. Whether it is a cause or a result of a low standard of living, it is hard to judge but there is undoubtedly a considerable health problem in most cases. Illness of a parent is mentioned twelve times in the case histories and of these, five are described as "mental ill health." Frequency of pregnancy is mentioned three times as a cause of maladjustment. In these cases there were twelve, thirteen and thirteen pregnancies.

4. The Committee is clear that good personal relations with families of this sort cannot be established in a short time. Unfortunately the cases referred by the Medical Officers of Health are often only sent for one month which is too short a period to make much improvement.

5. A typical problem family in which the Committee has failed is a case which we may call Mr. and Mrs. Jones. They had seven children, four under five years. The mother herself was an illegitimate child; the father had spent his youth at approved schools and Borstal and had served prison sentences. He suffered from a serious inferiority complex which even at a time when he was out of work made him tell the Children's Officer that he was earning £13 a week. While the mother was at Crowley he was therefore assessed for payment for the two older children who were in care and it took a good deal of effort to disentangle this particular problem. When he did get work he came up to Crowley with presents for his children. He had spent over £1 of his first week's wages on sweets. Unfortunately he cannot maintain himself in employment and has again been convicted for theft and sent to prison, this time for three years.

The lesson of this case is not that it was hopeless but that sufficient time and care could not be given to the reformation of this particular family unit. Both the Family Service Unit and Crowley felt that if they had been able either to start earlier or to spend more time with the Joneses they might

have turned the corner. As it is the family will probably be broken up and potentially there will be seven more problem families in ten or fifteen years' time.

Dr. M. MacGREGOR

Special Home Helps for Problem Families

IN recent years the problem family has increasingly attracted the attentions of the resources and services of the Health Department of the London County Council. A recent survey of 172,000 families showed that 1.43 per cent of the total were either potential or hard core problem families. A detailed analysis of 1,000 of these families in the survey showed that emotional instability combined with low intelligence or deficiency was present in 19.1 per cent of the potential and in 45.8 per cent of the hard core problem families. Probably the most that could be achieved with these families was to keep them together at a level high enough to enable the next generation to avoid repeating the behaviour of their parents. On the other hand, the analysis showed emotional instability combined with normal or above average intelligence in 35.4 per cent potential and 25.8 per cent hard core problem families. It is hoped to help an appreciable number of these families towards rehabilitation. As I have already said, the efforts of a wide range of workers and a number of special services are playing their part in this field, but my contribution to this Symposium will be confined to a review of one year's experience in London of a scheme for providing special home helps for problem families. It may serve our purpose best if I give a general description of the scheme. It was recognised that these helps would require to be hand-picked for personal qualities and given specific training if success was to be attained in improving the environment of these families and so giving the children some chance of taking their place in society as we now know it. The real function of such helps would be to teach the mother, by practical demonstration and example, how best to manage her household. Most of the homes

at the outset would require thorough cleaning to give a semblance of orderliness and in those cases where basic household equipment was lacking, and not forthcoming from voluntary sources, this would be required to be supplied on loan from the local authority. This special service would be called in by health visitors and social workers when, in the course of their work, they met families where it appeared to them that a break-up was a possibility. The amount of help required—full-time, part-time or merely a few hours per day—would vary according to the circumstances of the family and would be assessed by the organizer of home helps in consultation with the health visitor or social worker to whom the family was well-known. No limit is placed upon the amount of service that can be given to any particular family, but it is a feature of the scheme that, as a measure of improvement becomes apparent, the amount of service is gradually reduced so that the mother may progressively accept more responsibility for the running of the home, until the ultimate objective is reached, namely that the mother can manage the household efficiently without the assistance of the trained home help.

The staff concerned, e.g. the health visitor, the home help organizer and the trained home help, keep in touch, and, where there are schoolchildren in the family, liaison is maintained with the school care committee organization. Regular consultations are held on the progress made with individual mothers.

When the service of a trained home help is withdrawn, the family is still supported by the health visitor who would arrange for "booster" visits by the home help if signs of reversion to former unsatisfactory standards become apparent.

In the early stages of the scheme, it was thought advisable to select families where there was a reasonable hope of achieving something constructive. It was not suggested that homes where the family has already broken up, or where children have already been received into care, should be excluded, but it was considered that the long-term value of the scheme, and the

building up of the confidence of the home helps themselves, would best be served by not attempting too much at the outset.

Supply of Basic Household Equipment

With regard to the provision of household equipment, it was necessary for five families to have assistance; four required the loan of only one or two items, such as a frying pan and saucepans, or cleaning utensils; the fifth family had practically no equipment and the provision of a wide range of articles was necessary before the home help could begin her duties. In this last case many of the items—bedding, furniture and clothing—were obtained from voluntary sources, but such things as knives, forks, spoons, plates, handbrooms, etc., were provided through the Council's scheme. In four other families where special home helps were provided, equipment came entirely from voluntary sources.

It will be seen that it has not been necessary to make use of this part of the scheme to any large extent, but in the few cases where it was used it proved of great value. Indeed, in one case the home help could not have worked had the necessary equipment not been supplied.

This whole scheme of trained home helps, including the loan of kitchen equipment where necessary, was provided by the Council under the powers given to them under Section 29 of the National Health Service Act of 1946.

Arrangements for Selection and Training of Home Helps

It was considered of fundamental importance that only those helps with the right personality and character should be engaged for this work and during the first year of the working of this scheme, and the one which I am reviewing, eighty-nine helps in all were engaged, eighty-five of whom volunteered from the existing home help service, the remaining four being recruited specially for this purpose. All were specially trained prior to undertaking their special duties. In

some parts of London difficulty was encountered in recruiting sufficient numbers of the right calibre. Resignations and withdrawals from this work accounted for a loss of eighteen of the eighty-nine trained personnel. The course of training took place in ten half-day sessions and we have during the year provided two such courses. The content of the syllabus has been altered in the second of these courses in the light of experience and there is now more emphasis placed on practical as distinct from theoretical training. It may interest the meeting if I briefly refer to the main structure and content of this course of training:

Ten half-day Sessions	Subject
1st	(a) Short introduction to course. Film: <i>Problem Families</i> . (b) General talk on the basic needs for full development of children. Film: <i>Play</i> . Discussion.
2nd	(a) Teaching by example, showing, explaining, repeating. Cooking with little equipment. Cuts of meat and their uses, etc. Keeping milk fresh and pure. Methods of improvisation. (b) Packed meals. Household hints. Improvised methods of storing, etc.
3rd	(a) Budgeting: use and abuse of instalment plans; other methods of borrowing. (b) Preparing a weekly menu for a family on limited income. Detailed exercise. Discussion.
4th	(a) Buying and storing of foods. Practical exercise. Discussion. (b) Care of bottles and teats. Preparing bottle feeds.
5th	(a) Short outline of maternity and child welfare service, its aims and purpose. The work of the health visitor. (b) Household hints. Demonstration. Discussion. Film: <i>The clean house</i> .
6th	(a) Short outline of the school health service. Discussion. (b) Washing napkins and methods of dealing with soiled linen. Washing woollens. Wise use of cleaning materials.

- 7th (a) Gaining the co-operation of the family.
Ways of helping, attitude of friendliness, patience, encouragement, respecting confidences, etc.
(b) Discussion—arising out of difficulties home helps have met with in their work.
- 8th (a) Home accident prevention.
Awareness of ordinary risks in the home, gas, slippery floors, scalding, etc.
Film: *Playing with fire*.
(b) Guidance on the relative importance of different jobs in particular circumstances.
- 9th (a) Special needs of the adolescent.
(b) Care of cots and prams.
Observing children in a day nursery.
- 10th General discussion on aspects of the whole course.

Supply of Service

During the year in question, eighty-six families with 368 children were provided with this special service. The amount of service given ranged from ten hours a day to one hour a day. There was a known unsatisfied demand for the special service in some divisions, but the training of further selected home helps as they become available in the future should help in this respect. It should be mentioned that some home helps who have not received the special training have done very good work with problem families, and it is the normal practice, where a trained help is not available, to supply a specially selected "ordinary" home help to work with a problem family.

In only five of the eighty-six families helped was difficulty experienced in obtaining the *entry* of the home help for her special duties. One father refused further help after only two visits by the home help. In another instance, the behaviour of the mother and children made it impossible for the home help to continue her work in the household. In yet another case, the home help met with hostility on her first visit, but was accepted after the first day's help had been given.

In all, fifty-five families *refused* the special service when it was offered. This figure, however, may not present a complete

picture, as it is the normal practice for the health visitor, who is essentially the spear-head of the team, to sound exhaustively the family's likely reaction before a firm offer of special help is made, and such an offer would not normally be made unless there was some likelihood, however remote, that resistance to the special service might be overcome. The importance of the health visitor's approach cannot be over-stressed, and the utmost care and tact are necessary on her part. Any attempt to press a family to accept help which they are emphatic they do not want, might undermine what relationship and confidence the health visitor may already have established with the family. I will deal later with the charge for these services.

Assessment of Results

It is gratifying to note that in only ten instances, out of the eighty-six families given the special service, can the scheme be said to have failed. In the remaining cases, varying degrees of improvement have been reported, ranging from "marked improvement" to "slow progress." It is still too early to produce evidence of permanent improvement in any of the families helped, although in one case a better standard was still evident five months after the special service had ended.

Apart from the immediate and apparent success in varying degrees of this scheme, we have hopes that many of the children concerned in these families will have an introduction to a way of life which might have advantages and attractions for them, and it may be this long-term effect, which of course we cannot judge, which may be the real value of this public venture.

Financial Effect

The net annual expenditure on the scheme was £3,500. The home help service is not provided free; the householder, as in all provision of home help services, is required to make a contribution towards the cost. A scale of charges, and payment of these charges according to a standard scale, is

in being, but many of the families would be entitled to have the service provided free. It was recognized that it might be necessary in many cases, if the object of the scheme was to be achieved, to provide the service free even though the assessment of the families showed that a payment on their part was required. In such cases the Finance Committee of the Council have been asked to write off as irrecoverable this income which should have been received under the Council's scale. Indeed in sixteen instances the completion of the application form, which includes particulars of means, was not requested as it was thought that such a request would have led to a refusal to accept the special services. The amount received by way of contributions was £102. Forty-two families, who were liable to pay under the approved assessment scale for the cost of the service, paid either nothing or only part of the assessed contribution; payment in full was not pressed in these cases as it was considered that such action would have jeopardized the continuance of the service and the prospects of improvement in the lot of the family. In these cases, and in those where particulars of means were not directly sought, a sum of £394 was written off by the Council. Fifty-eight families were relieved of payment due out of our total of eighty-six families assisted in order that the scheme could be introduced and continue.

Payment to Trained Home Helps

The ordinary rate for home helps—3s. 3½d. an hour—was augmented by an additional 4d. an hour on account of the special training necessary and the exacting nature of the work with these families.

Dr. CATHERINE WRIGHT

I CANNOT claim to be engaged in any work to help problem families, except insofar as I meet them in my work as a Maternity and Child Welfare Officer, but I have been in the same large industrial city for twenty years—long enough to see a second generation marrying. Problem families have interested me since I realized

that they do not yield to the civilizing blessings of the Welfare State and, wondering why, like others before, I began to study them.

Since I am not competent to discuss practical ways and means of helping these families as a group, I should like to mention some of the special factors which have to be taken into consideration in our approach to them.

Types of Problem Families

I no longer attempt to define a problem family, as it is impossible to encompass one and do justice to it in any neat formula. Social workers and others in contact with them apply the term from the standpoint of their own particular professional bias. Thus to the Probation Officer, the family which breeds a series of delinquents is a problem family; the N.S.P.C.C. Inspector and the Health Visitor will lay emphasis on squalor and observed cruelty to children. The Children's Officer considers these to be problem families in which the parents fail to support their children. For the psychiatrists and marriage guidance counsellors those families are problem families in which family tensions and mental instability are causing serious disturbance of personal relationships. Families exhibiting these social failings have an essential common factor and our preoccupation with them hinges on this—namely an environment liable to cause serious damage to the personalities of the children—the kind of damage which will handicap them for the rest of their lives and lead them into difficulties in adjusting themselves to the community. This should be the criterion for adjudging a family a problem family and if this is conscientiously applied the label will stick to families in all social grades—of all levels of intelligence—to the dirty and the clean. I cannot speak of the problem families in stately homes nor discuss their etiology—for both parents and children of these the psychiatrist's couch may bring some relief and we must be glad of that.

My remarks, therefore, will be confined to the classical problem family which is less

accessible to therapy and which is known so well to so many social agencies as to make the niceties of definition irrelevant.

Second Generation Problem Families

One argument for a very determined onslaught on these families is that they present characteristics resistant to rapid change and one of these is their long-range influence on their descendants. Whether this be due to what has been called transference of environment or hereditarily determined incapacity, the result—a form of transmissible cruelty—is the same for the victims.

From one large housing estate in Sheffield six years ago, I was given the names of twelve problem families. All of them had, at that time, been known to the Health Visitor on the district for twelve years and I asked her recently to obtain up to date information about them.

The parents showed mental dullness, instability, psychoses, excessive drinking, epilepsy, inadequacy and irresponsibility. All but one of these families have ceased to grow, the exception being a second family by a second wife. There are eighty living descendants. Half of those over fifteen have appeared in court at some time—the males usually on account of housebreaking and stealing and the females—less often—for stealing and truancy. Thirty-three have formed thirty-two marriages. Fourteen of these are known to be satisfactory but three have been married less than a year. Five not in the City are said, by relatives, to be happy (this I think is not to be relied on). Five are broken; in the case of two others the husbands have repeatedly had such long prison sentences as to amount to broken marriages and six are thoroughly unsatisfactory. This amounts to a 40 per cent failure at the lowest estimate.

Naturally one speculates as to the timing of preventive measures when faced with these unfortunate marriages. One also wonders whether the bad marriages which hold together—as did ten of the original twelve—do more harm in the long run than

those which disintegrate; on the other hand one broken marriage often starts off two others. Some of the children were probably incapable of forming a lasting and satisfactory union, others perhaps made an ill-judged choice of partner and obviously in many cases success or failure hinges on this. We can at least see the argument for giving unsparing attention to every child in a problem family home from as early an age as possible and, following this, with support in the early years of marriage even where it may not appear to be required.

Changing Social Conditions

The economic and social environment into which children are born has changed rapidly in one generation. When the young couples I have mentioned were children our clinics were crowded with mothers driven by the slump and unemployment to seek free food for them. More lived in slums than do now and there was no Family Service Unit to help them. Time alone may not be on the side of problem family children but those who can just make the grade have less against them than had their parents and we need not be too pessimistic.

The Children's Position

I should like to emphasize an aspect of problem families which is perhaps not particularly obvious unless they are seen as a group, namely the number of children in these families who are step-children or illegitimate.

Sometimes the children of a marriage remain with one parent when the family breaks up, a living reminder of the previous marriage, to the new partner. Sometimes when both husband and wife remarry each has a new family and the children of the original marriage, detached from both, are by force of circumstances left high and dry with little affection from either parent. They are at the tender mercies of any relative who will give them shelter only until delinquency commences, at which point they become prodigal children without a

parent to whom they may return. These children while still adolescent are in the position of having literally no one in the world who cares anything for them. For those who do not remember ever doubting their parents love for them, and have built their personalities on this security, this situation is difficult to imagine. We refer to them as maladjusted children, but we are surely wrong in implying an ability to come to terms with quite intolerable family situations. My impression is that these children come into care too late when the damage already done is irreversible. It is not easy to find a sufficient number of large-hearted individuals to supply one for each resentful, unpredictable and often unlovable, juvenile, and this is what is required.

The adolescent girls of this type, in their eagerness for affection, readily get into trouble with the opposite sex. These oddments of society present the most pathetic picture I meet in my contact with Children's Department Homes.

Mental Deficiency and Problem Families

I would like to say something about mental deficiency and problem families and incidentally about a type of problem family, the defectives family. It is accepted that a poor level of intelligence and instability are responsible for what has been described as the intractable ineducability of the hard core problem family, and the work of Dr. Mary Sheridan, starting from a group of neglectful mothers, provided confirmation of this. It seemed it would be informative, in order to understand more about the interplay between nature and nurture in these families, to study a group of married defectives to see what proportion of defective parents fail or succeed, and the reasons why. The mental defective who owns a chain of shops serves the flat-earthers well, and the suggestion that primary amentia in parents brings social repercussions, serious enough to lead us to discourage marriage is usually countered by the statement that some defectives make good parents.

It seemed that if a sufficient number of incontrovertibly defective parents could be found it would be possible to compare the successes and failures in marriage and perhaps draw some useful conclusions. In the last few months, with this symposium in view, I have been trying to trace defectives who have married, and up to date accurate information is available for seventy-five of these. The defectives traced have all been ascertained as such and supervised for varying periods; many have been certified and spent some time in institutions. Most were discharged from supervision before marriage but some though married are still supervised. The I.Q. of most is around sixty-five—some lower, but a few as high as seventy-five. This group consists merely of married defectives who have so far been traced and no attempt will be made to generalize from the conclusions. It would be unwise, however, to assume without evidence that there exists a large number of similar families showing quite different characteristics.

Case Histories

The first point which strikes one about these defectives is that the majority have been reared in extremely bad homes. This, of course, is in line with what is already known of primary amentia. It is obvious that the socialising influence of their homes has been nil. On the contrary unemployment, illegitimacy, broken homes and mental defect in sibs characterize most. They have therefore entered marriage doubly handicapped.

P.K. a male. Both parents are illiterate—the father is unemployed for long periods, indeed hardly ever works. Both parents are completely unreliable. Of thirteen pregnancies nine children survived, eight of whom have been ascertained as defective and seven of whom are married. P.K. has married and has a family of six.

E.M. a male whose mother attended a school for defectives, but was not ascertained. The father now dead was illiterate. There are ten children in this family, half of whom are ascribed to the lodger. Four are ascertained defectives. E.M. married a girl from a problem

family and is separated from his wife. His two children are being brought up in his family home.

L.P. is a female whose mother is stated to have been a mental defective and to have had two defective cousins. Of nine pregnancies two survived. L.P. married the son of a mentally defective woman. Her first two children are her husband's from whom she is now separated. The following four children are of varying paternity.

In the group under observation a number of the marriages broke up very soon after they were contracted, one or other partner discovering the other's disability too late and retreating from the situation. In other cases the marriage survived longer before one or other deserted and divorce or separation occurred. This appears to happen in about one in four marriages of defectives. It is surprising how many defectives marry twice.

There are no very large families, due to a high death and still-birth rate, but as the ages of the mothers in these families range between twenty and forty-eight only a proportion have ended child-bearing. All the families with over four children are, with one exception, problem families.

The seventy-five families about which I have accurate information fall into three groups. One-third are of the worst type of problem family. One-third are unsatisfactory families with all-round low standards, some of which are prevented from becoming problem families merely because they are living with relations, and one-third fall into neither category. Considering these latter in more detail, of the twenty-six marriages nine are broken leaving no children, or one only in care of one parent; three are childless marriages; three are at present childless because recently contracted. Of the remaining eleven, seven have one child and live with relatives; three families have two children, of which one of these families lives with in-laws and would not manage alone. One family with five children is fairly satisfactory.

It is obvious that the salvation of the defectives family is for it to be no bigger than one or two, but I must hasten to add

that some of those with only one or two children are already in the problem family group.

Defective marries defective with disastrous results; for example, the defective daughter of an alleged imbecile woman married a man with an I.Q. of fifty-six. Of their six children one is in an institution for mental defectives two are at special schools and the three youngest who are under school age promise no better. All are in care. Almost equally bad families arise when a defective marries an unstable dullard. Thus two male defectives who have married notably dull women have so far two children each, all four being ineducable.

Some of the children of these families are already ascertained defectives, some attend ordinary schools, others special schools; but since many of the children are young and there are more to follow the full story is not yet unfolded.

The children of almost all the families in which the father only is a defective have remained in their homes, whereas the families with a defective mother more readily come into care. Children of single female defectives (which is another story) most consistently come into care, and are difficult to place for adoption, and in foster-homes.

It is not difficult to see the various ways in which these families feed the problem family group. Some are problem families

themselves and transmit this status. Others on the border-line, with poor standards do likewise, transferring their environment plus dullness to their children. The children from these families who come into care (and there are many), are in early adult life thrown on the world dull and ill-equipped for it.

I have looked for a glimmer of hope in contemplating these families and frankly I do not see one. The problem families in which mental deficiency dominates are notoriously unresponsive to efforts directed towards their improvement, as every Family Service Unit worker knows. Defectives are not prevented from marrying and will continue to do so. The present tendency to speak euphemistically about them will encourage rather than discourage this—but whitewash defectives as we may we cannot whitewash problem families which arise from them, and we would be well advised to teach high grade defectives home-craft and parent-craft as well as handicrafts.

The discharge from statutory supervision of a defective who has proved a competent kitchen hand for a few years and who is self-supporting, under her mother's eye may mark the end of an episode, but it is often the prelude to a very long story.

[The views expressed are personal and not necessarily those held by the Sheffield City Council.]

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